



Consumer Services Department

CONSUMER PROTECTION  
DIVISION  
LOCKSMITH SECTION  
140 WEST FLAGLER STREET  
SUITE 901  
MIAMI, FLORIDA 33130-1561

Tel: (305) 375-4222 ☎ Fax: (305) 375-3512 ☎ E-mail: [consumer@miamidade.gov](mailto:consumer@miamidade.gov)

## LOCKSMITH APPLICATION

By Authority of Article XVII of Chapter 8A of the Code of Miami-Dade County

Circle One: **Business Owner / Employee**  
Circle One: **Certified / Exempt / Apprentice**

PLEASE TYPE OR PRINT

(CHECK ONE)	INITIAL APPLICATION ( )	RENEWAL APPLICATION ( )
1. LAST NAME	FIRST NAME	MI.
2. DATE OF BIRTH:	SOCIAL SECURITY NUMBER	
3. RESIDENTIAL ADDRESS: ADDRESS	CITY	STATE ZIP
4. TELEPHONE NUMBER	BEEPER	CELLULAR
5. STATE THE NAME OF THE LOCKSMITH FIRM(S) THAT YOU HAVE BEEN PREVIOUSLY EMPLOYED BY AND THE NUMBER OF YEARS THAT YOU HAVE WORKED FOR THAT FIRM (ATTACH ADDITIONAL SHEETS IF NECESSARY).		
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6. PROVIDE THE STATE(S) OR JURISDICTION(S) IN WHICH YOU HAVE BEEN LICENSED, CERTIFIED, OR AUTHORIZED TO PERFORM WORK AS A LOCKSMITH AND CERTIFICATIONS ISSUED BY THAT STATE OR JURISDICTION(S) (ATTACH ADDITIONAL SHEETS IF NECESSARY).		
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7. LIST THE NAME(S), ADDRESS(ES), TELEPHONE NUMBER(S), AND REGISTRATION NUMBER(S) OF THE LOCKSMITH BUSINESS THAT YOU OPERATE OR ARE CURRENTLY EMPLOYED BY (ATTACH ADDITIONAL SHEETS IF NECESSARY).		
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BUSINESS NAME	REGISTRATION NUMBER	
ADDRESS	TELEPHONE	
CITY	STATE	ZIP CODE

**8. CRIMINAL BACKGROUND - EXCLUDING TRAFFIC VIOLATIONS, LIST THE APPLICANT'S FELONIES AND MISDEMEANORS WITHIN THE FIVE (5) YEAR PERIOD PRECEDING THE DATE OF THE APPLICATION. ( ATTACH ADDITIONAL SHEETS IF NECESSARY.)**

OFFENSE/WARRANTS

DISPOSITION

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**9. NEW APPLICANTS MUST PROVIDE A SET OF FINGERPRINTS AND TWO (2) PASSPORT SIZED PHOTOGRAPHS AND ATTACH HERETO.**

**10. (NOTE: ONE PHOTOGRAPH WILL APPEAR ON YOUR COUNTY ISSUED LOCKSMITH IDENTIFICATION CARD.)**

**10. FEES: SEE ATTACHED FEE CHART. ANNUAL FEES FOR CERTIFIED IS \$25, APPRENTICE IS \$15.**

**ALL CORPORATE PRINCIPALS WHO ARE CERTIFIED REGISTERED LOCKSMITHS ARE EXEMPT FROM PAYING THE \$25.00 FEE.**

*The following questions are optional and will be used for statistical purposes ONLY.*

**11. Race -- (Check appropriate answer)**

☐ WHITE (NON-HISPANIC)

☐ HISPANIC

☐ BLACK

☐ OTHER (DESCRIBE) \_\_\_\_\_

**12. National Origin -- (Check appropriate answer)**

☐ U.S.

☐ NICARAGUA

☐ CUBA

☐ PUERTO RICO

☐ COLOMBIA

☐ OTHER (DESCRIBE) \_\_\_\_\_

☐ HAITI

**13. Primary Language Spoken -- (Check appropriate answer)**

☐ ENGLISH

☐ FRENCH

☐ SPANISH

☐ OTHER (DESCRIBE) \_\_\_\_\_

☐ CREOLE

**14. Gender -- (Check appropriate answer)**

☐ MALE

☐ FEMALE

**15. APPLICANT SIGNATURE :**

I, \_\_\_\_\_, under penalties of perjury, declare that I have read the foregoing application and verify that the facts stated in it are true. I declare that I will abide by the provisions of the aforementioned article.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

*It is your obligation to notify the Consumer Services Department of any material change pertaining to the information in this application. If your application is incomplete, it will be denied a filing date. Make checks payable to "Board of County Commissioners."*

**Mail completed application and applicable fee to:**

**Miami-Dade County  
Consumer Services Department  
Consumer Protection Division  
140 West Flagler Street, Suite 902  
Miami, Florida 33130**

**Telephone: (305) 375-4222**



### AFFIDAVIT OF FINANCIAL LIABILITY

Do you, or any partner(s) or corporate officer(s), if applicable, owe money to Miami-Dade County, Florida, either individually or through any other business, as a result of any of the following:

- (i) unpaid civil penalties;
- (ii) unpaid administrative costs for a hearing;
- (iii) unpaid County investigative, enforcement, testing or monitoring costs; or
- (iv) unpaid liens?

Yes:
No:

I hereby certify that all information provided is true and correct. By signing this document, I acknowledge that if the information provided is not true and correct, my registration/permit/certificate will be suspended or revoked.

Print Name:

Signature:

Date:

### DECLARACIÓN DE DEUDA FINANCIERA

Usted, o algún socio(s) u oficial(es) de la corporación, si aplica, debe dinero al Condado de Miami-Dade, Florida, ya sea individualmente o a través de cualquier otro negocio, como resultado de cualquiera de lo siguiente:

- (i) penalidades civiles no pagadas;
- (ii) costos administrativos por una audiencia, no pagado
- (iii) costos de investigación, cumplimiento de la ley, pruebas o aviso del Condado, no pagado; o
- (iv) gravámenes, no pagados?

Si:
No:

Por esto yo certifico que toda la información proveída es correcta y verdadera. Firmando este documento yo confieso que si la información proveída no es verdadera y correcta, mi registración/permiso/certificado sera suspendido o revocado.

Imprima el Nombre:

Firma:

Fecha: